MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08057

8051

CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH:
COUNTY St. Mary's MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Patuxent River USNAS,
LENGTH OF STAY (in this place) 13 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 Station Hospital, U. S. Naval Air Station

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE New York COUNTY Unknown
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Astoria 69x-3
STREET ADDRESS (If rural give location) 31 - 68 41st Street

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) Joseph (Last) ANDERSON

4. DATE OF DEATH: (Month) August (Day) 9, (Year) 1955

5. SEX: Male

6. COLOR OR RACE: Caucasian

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: 26 October 1935

9. AGE last birthday 19 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mariner

10B. KIND OF BUSINESS OR INDUSTRY: U.S. Navy

11. BIRTHPLACE (State or foreign country): Queens, N. Y.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Reynold ANDERSON

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) 6/9/53-8/9/55

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Navy records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

825X

IMMEDIATE CAUSE (A) Hemorrhage, traumatic, abdominal — INTERVAL BETWEEN ONSET AND DEATH: 2 hours

ANTECEDENT CAUSE (S):

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO Ruptured spleen

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) Route 5

21C. WHERE DID INJURY OCCUR? (City or town) Park Hall, (County) St. Mary's, (State) Md.

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY August 8, 1955 1135pm M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☒

21F. HOW DID INJURY OCCUR? Automobile accident

22. I hereby certify that I attended the deceased from 8 Aug., 1955, to 9 Aug., 1955, that I last saw the deceased alive on 9 Aug., 1955, and that death occurred at 1100AM. from the causes and on the date stated above.

SIGNATURE AND M.D. J. E. SZAKACS, LT MC USNR

ADDRESS Station Hospital, USNAS PAX RIV MD.

DATE SIGNED 8-9-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) TRANSPORTATION

DATE THEREOF 8-11-55

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county) (State) Long Island, New York

DATE REC'D BY LOCAL REGISTRAR 8-10-55

REGISTRAR'S SIGNATURE C. Beard, MD Local Registrar

24. FUNERAL DIRECTOR P. B. Robinson

ADDRESS Leonardtown, Md.

VS. A15 — 10 - 54

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08058

8055 CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH: COUNTY St Mary's MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Callaway
LENGTH OF STAY (In this place) 9 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY St Mary's
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Callaway
STREET ADDRESS (If rural give location) X

3. NAME OF DECEASED: (Type or Print) (First) Durant (Middle) W. (Last) Baker

4. DATE OF DEATH: (Month) Aug. (Day) 8, (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: April 1876

9. AGE last birthday 79 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter

10B. KIND OF BUSINESS OR INDUSTRY? Contractor

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO. 22-005-0143

17. INFORMANT & ADDRESS: Donald R. Baker Callaway Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1
IMMEDIATE CAUSE (A) Coronary occlusion — immediate

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Coronary Sclerosis — 10 years
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan ....., 1954, to Aug 3, 1955 that I last saw the deceased alive on July 30, 1955, and that death occurred at 2:00 AM, from the causes and on the date stated above.
SIGNATURE AND M.D. [signature] M.D. ADDRESS [illegible] DATE SIGNED 8/8/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 8-11 1955 — NAME OF CEMETERY OR CREMATORY All Saints — LOCATION (City, town, or county) (State) Reisterstown, Md.

DATE REC'D BY LOCAL REGISTRAR 8/8/55 — REGISTRAR'S SIGNATURE [signature] Local Registrar

24. FUNERAL DIRECTOR Jos. C. Mattingly ADDRESS Leonardtown, Md.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08059

8956 CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH:
COUNTY ST MARY'S MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL ST MARY'S CITY
LENGTH OF STAY (in this place) 43 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ST MARY'S
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL ST MARY'S CITY
STREET ADDRESS (If rural give location) /

3. NAME OF DECEASED: (First) JOHN (Middle) FRANK (Last) BARONIAK

4. DATE OF DEATH: (Month) AUGUST (Day) 25 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: FEBRUARY 1882

9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR: Months 6 Days; IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER

10B. KIND OF BUSINESS OR INDUSTRY: FARM

11. BIRTHPLACE (State or foreign country): HUNGARY

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: UNKNOWN

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) NO (If Yes, give war or dates of service) NO

16. SOCIAL SECURITY NO. NONE

17. INFORMANT & ADDRESS: MRS ANNA M. BARONIAK ST MARY'S CITY, MARYLAND

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0
IMMEDIATE CAUSE (A) Acute myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Arteriosclerotic Heart Disease — Several years

DUE TO (C) Generalized Arteriosclerosis — Several years.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 5, 1953, to Feb. 12, 1953, that I last saw the deceased alive on Feb. 12, 1953, and that death occurred at 2:45 AM, from the causes and on the date stated above.

SIGNATURE Robert F. Fuchs M.D. ADDRESS Leonardtown, Md. DATE SIGNED 8/26/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL — DATE THEREOF 8/27/55 — NAME OF CEMETERY OR CREMATORY TRINTY — LOCATION (City, town, or county) (State) ST MARY'S CITY, MD.

DATE REC'D BY LOCAL REGISTRAR 8/26/55 — REGISTRAR'S SIGNATURE [signature] — 24. FUNERAL DIRECTOR JOS.C.MATTINGLEY — ADDRESS LEONARDTOWN, MD.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08060

8957

CERTIFICATE OF DEATH

Reg. Dist. No. 28

1. PLACE OF DEATH:
COUNTY St Mary's
CITY OR TOWN (If outside corporate limits, write RURAL) Patuxent River Md
LENGTH OF STAY (in this place) 13 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St Mary's
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Patuxent River Md
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Rollins (Last) Britton

4. DATE OF DEATH: (Month) Aug (Day) 11 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: July 7 1877

9. AGE last birthday 78 yrs. IF UNDER 1 YEAR Months 1 Days 4 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland St Mary's

12. CITIZEN OF WHAT COUNTRY? U. S. a.

13. FATHER'S NAME: Louis Rollins

14. MOTHER'S MAIDEN NAME: Rosalie Bennett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) —
(If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO. 216-12-4915

17. INFORMANT & ADDRESS: Mrs Howard Britton Patuxent River Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE 420.1	(A) Coronary sclerosis	5 years
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO Hypertensive heart disease	10 years
	(C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from September 1942 to Aug, 1955, that I last saw the deceased alive on Aug 9, 1955, and that death occurred at 1:45 A M, from the causes and on the date stated above.

SIGNATURE [signature] M.D. ADDRESS Great Mills Md DATE SIGNED 8/12/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 8/15/55

NAME OF CEMETERY OR CREMATORY Trinity

LOCATION (City, town, or county) St Mary's City Md (State)

DATE REC'D BY LOCAL REGISTRAR Aug 12 55

REGISTRAR'S SIGNATURE [signature] Local registrar

24. FUNERAL DIRECTOR Jos C. Mattingly Jr. Leonardtown ADDRESS Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08061

8058 CERTIFICATE OF DEATH

Reg. Dist. No. 282

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY ST MARY'S MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X AVENUE
LENGTH OF STAY (in this place) LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY ST MARY'S
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) AVENUE
STREET ADDRESS (If rural give location) X /

3. NAME OF DECEASED: (First) WILLIAM (Middle) (Last) DYSON

4. DATE OF DEATH: (Month) AUGUST (Day) 8 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: COLORED

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED

8. DATE OF BIRTH: MARCH 17, 1890

9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR: Months 4 Days 22 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): WATERMAN

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: UNKNOWN

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) NONE

16. SOCIAL SECURITY NO. 220-16-4474

17. INFORMANT & ADDRESS: MRS MARY MOLLY DYSON AVENUE, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

150X

IMMEDIATE CAUSE (A) Carcinoma of esophagus

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: Jan 55'

19B. MAJOR FINDINGS OF OPERATION: Carcinoma - esophagus

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. ..., 1954, to Aug 7th, 1955, that I last saw the deceased alive on Aug 1 ..., 1955, and that death occurred at 4:00 P.M. from the causes and on the date stated above.

SIGNATURE Roy Gruber M. D. ADDRESS Mechanicsville DATE SIGNED 8/9/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

DATE THEREOF 8/11/55

NAME OF CEMETERY OR CREMATORY SACRED HEART

LOCATION (City, town, or county) (State) BUSHWOOD, MARYLAND

DATE REC'D BY LOCAL REGISTRAR 8/10/55

REGISTRAR'S SIGNATURE Adam D Hance D

24. FUNERAL DIRECTOR JOS. C. MATTINGLEY ADDRESS LEONARDTOWN, MD.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08062 2WC

8059 # CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH:
COUNTY St. Marys MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Leonardtown
LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS 78 St. Marys Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown X
STREET ADDRESS (If rural give location) /

3. NAME OF DECEASED: (Type or Print) (First) Wade (Middle) Hampton (Last) Hickey

4. DATE OF DEATH: (Month) 8 (Day) 19 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: 12 Nov. 1877

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life even if retired: Pharmacist

10b. KIND OF BUSINESS OR INDUSTRY: Pharmacy

11. BIRTHPLACE (State or foreign country): Washington D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John F. Hickey

14. MOTHER'S MAIDEN NAME: Anne C. Jenkins

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: Emily C. Waring - Leonardtown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

177X

Immediate cause (a) Septicemia, chronic myelonychutes — Interval Between Onset And Death

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Carcinoma of prostate — 1 year

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arthritis, rheumatoid

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR? /

22. I hereby certify that I attended the deceased from Jan 53, to Aug 19 55, that I last saw the deceased alive on Aug 19 1955, and that death occurred at 5:45pm, from the causes and on the date stated above.

SIGNATURE (Degree or title) J. Roy Smythe, MD ADDRESS Mechanicsville, Md DATE SIGNED 8/19/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 8-22-55 NAME OF CEMETERY OR CREMATORY Mt. Olivet LOCATION (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REGISTRAR 8-20-55 REGISTRAR'S SIGNATURE Clara D. Hauser

24. FUNERAL DIRECTOR J.F. Gasch's Sons ADDRESS Hyattsville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08063

8060 CERTIFICATE OF DEATH Reg. Dist. No. 281

1. PLACE OF DEATH:
COUNTY ST MARY'S MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL DRAYDEN
LENGTH OF STAY (in this place) LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ST MARY'S
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL DRAYDEN
STREET ADDRESS (If rural give location) /

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) GONZIE (Last) KNOTT

4. DATE OF DEATH: (Month) AUG. (Day) 1, (Year) 1955

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH: MARCH 6, 1882
9. AGE last birthday 73 yrs. IF UNDER 1 YEAR Months 4 Days 26 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER
10B. KIND OF BUSINESS OR INDUSTRY: SELF
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM KNOTT
14. MOTHER'S MAIDEN NAME: ANGELIA BROWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NONE (If Yes, give war or dates of service) NONE
16. SOCIAL SECURITY NO. NO
17. INFORMANT & ADDRESS: MRS EDNA DEAN DRAYDEN, MARYLAND

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X
IMMEDIATE CAUSE (A) Cerebral Vascular accident DUE TO — INTERVAL BETWEEN ONSET AND DEATH: 1 week.

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) Cerebral arteriosclerosis DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-29, 1955, to 7-1, 1955, that I last saw the deceased alive on 7-29-, 1955, and that death occurred at 3:00 P.M., from the causes and on the date stated above.
SIGNATURE James A. Kelly ADDRESS M. D. Grant Mill, Md. DATE SIGNED 8-2-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL
DATE THEREOF 8/4/55
NAME OF CEMETERY OR CREMATORY ST GEORGE'S
LOCATION (City, town, or county) (State) VALLEY LEE, MD.

DATE REC'D BY LOCAL REGISTRAR 8/2/55
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR JOS. C. MATTINGLEY ADDRESS LEONARDTOWN, MD.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08064

8061 CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH: COUNTY St. Mary's MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X USNAS PAXRIVMD
LENGTH OF STAY (in this place) 1 month
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 Station Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE North Carolina COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Jamesville 70 X-3
STREET ADDRESS (If rural give location) Box 168 ✓

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Mayo (Last) Martin
4. DATE OF DEATH: (Month) 8 (Day) 8 (Year) 19 55
5. SEX: Male
6. COLOR OR RACE: Caucasian
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single
8. DATE OF BIRTH: 1-13-29
9. AGE last birthday ¶ 26 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mariner
10B. KIND OF BUSINESS OR INDUSTRY: U.S. NAVY
11. BIRTHPLACE (State or foreign country): North, Carolina
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) 3-30-48 to 8-8-55
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Navy Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X IMMEDIATE CAUSE (A) Cerebral Hemmorrhage — 1 hour

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Cause unknown

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work [ ] Not while at work [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8 Aug., 19 55, to 8 Aug., 19 55, that I last saw the deceased alive on 8 Aug., 19 55, and that death occurred at 4:10 P.M., from the causes and on the date stated above.

SIGNATURE J. E. Szakacs M. D. ADDRESS StaHosp, USNAS, PAXRIVMD DATE SIGNED 8-8-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal
DATE THEREOF 8-10-55
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) Williamston, N.C.

DATE REC'D BY LOCAL REGISTRAR 8-10-55
REGISTRAR'S SIGNATURE P. Evans MD Local Registrar
24. FUNERAL DIRECTOR P.B. Robinson ADDRESS Leonardtown, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

8062 08065

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 282

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY St Marys MARYLAND
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN X Helen
LENGTH OF STAY (in this place) 15 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St Marys
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Helen
STREET ADDRESS (If rural, give location) X

3. NAME OF DECEASED: (Type or Print) (First) Ernest (Middle) I (Last) Morgan

4. DATE OF DEATH (Month) Aug (Day) 9 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Divorced

8. DATE OF BIRTH: Jan 13 1887

9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR: Months 6 Days 26 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Farmer Dentist

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland St Marys

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Morgan

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Daniel Morgan Helen Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1
Immediate cause (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH immed.
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
322.2
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Alcoholism

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Roy Luther, M.D. M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED 8/9/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 8-12-55
NAME OF CEMETERY OR CREMATORY St Joseph
LOCATION (City, town, or county) (State) Morganza Md

DATE REC'D BY LOCAL REG. 8/10/55
REGISTRAR'S SIGNATURE Alan D. Dawson, D
24. FUNERAL DIRECTOR Jos C. Mattingley
ADDRESS Leonardtown Md

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08066

8063 CERTIFICATE OF DEATH Reg. Dist. No. 281

1. PLACE OF DEATH:
COUNTY St Marys MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Leonardtown
LENGTH OF STAY (in this place) 2 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS 78 St Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St Marys
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Drayden
STREET ADDRESS (If rural give location) X

3. NAME OF DECEASED: (Type or Print) (First) Noah (Middle) (Last) Morgan

4. DATE OF DEATH: (Month) Aug (Day) 10 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: Feb 7 - 1881

9. AGE last birthday 74 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10B. KIND OF BUSINESS OR INDUSTRY: Labor

11. BIRTHPLACE (State or foreign country): Maryland St County

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Alex Morgan

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs Anna B. Johnson Drayden

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

490 X IMMEDIATE CAUSE (A) Lobar Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Myocarditis — 2 Years

DUE TO (C) Generalized Arteriosclerosis — 10 Years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1955 to Aug 10 1955, that I last saw the deceased alive on Aug 6, 1955, and that death occurred at 1 P.M. from the causes and on the date stated above.

SIGNATURE Dr. H. Patrick M.D. ADDRESS Lexington Park Md DATE SIGNED 8-13-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 8/13/55 — NAME OF CEMETERY OR CREMATORY St Mark's — LOCATION (City, town, or county) (State) Valley Lee Md

DATE REC'D BY LOCAL REGISTRAR Aug 12/55 — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR Jas E. Mattingley — ADDRESS Leonardtown Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08067

8864 CERTIFICATE OF DEATH Reg. Dist. No. 282

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY St. Marys MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mechanicsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St. Marys
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mechanicsville
STREET ADDRESS (If rural give location) Rural

3. NAME OF DECEASED: (Type or Print) (First) Jane (Middle) Maria (Last) Quade

4. DATE OF DEATH: (Month) 8 (Day) 5 (Year) 1955

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): widowed
8. DATE OF BIRTH: March 25, 1870
9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George W. Lacy
14. MOTHER'S MAIDEN NAME: Sallie M. Ferrall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) ----
16. SOCIAL SECURITY NO. ------
17. INFORMANT & ADDRESS: Wm. Raymond Quade - Mechanicsville, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
422.1 IMMEDIATE CAUSE	(A) Cerebral Thrombosis	2d
ANTECEDENT CAUSE (S)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) Arteriosclerotic CV disease DUE TO	10 yr.
	(C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan ....., 19 48, to Aug 5, 1955, that I last saw the deceased alive on Aug 5, 1955, and that death occurred at 5 25 P M, from the causes and on the date stated above.
SIGNATURE Roy Snyder M. D. ADDRESS Mechanicsville, Md DATE SIGNED 8/8/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 8/8/55
NAME OF CEMETERY OR CREMATORY St. Joseph
LOCATION (City, town, or county) (State) Morganza, Maryland

DATE REC'D BY LOCAL REGISTRAR 8/8/55
REGISTRAR'S SIGNATURE Alan D. Hansen
24. FUNERAL DIRECTOR ADDRESS P.B. Robinson - Leonardtown, Md.

8065

08068
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 281

1. PLACE OF DEATH:
COUNTY St. MARY's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CARVER Heights
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS #6 VAN BUREN St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY St. MARY's
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN CARVER Heights
STREET ADDRESS (If rural, give location) #6 VAN BUREN St.

3. NAME OF DECEASED: (Type or Print) (First) ANNIE (Middle) LOUISE (Last) REED

4. DATE OF DEATH (Month) (Day) (Year) 8 - 16 1955

5. SEX: FEMALE

6. COLOR OR RACE: COLORED

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: 9-15-1912

9. AGE last birthday: 42 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): OHIO

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) - - - -

16. SOCIAL SECURITY NO.: - - - - - - - -

17. INFORMANT & ADDRESS: #6 VAN BUREN St., JAMES REED : CARVER Heights, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

443 X
Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: Unknown
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Hypertensive cardiovascular disease
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE J Ray Gaither M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED 8/16/55

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
DATE THEREOF 8/18/55
NAME OF CEMETERY OR CREMATORY Mt. ZION CEMETERY
LOCATION (City, town, or county) (State) St. INIGOES, MARYLAND

DATE REC'D BY LOCAL REG. 8-17-55
REGISTRAR'S SIGNATURE P.F. Beane, M.D. Local

24. FUNERAL DIRECTOR P.B. ROBINSON ADDRESS : LEONARDTOWN, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08069

8066

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH:
COUNTY St. Marys MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Leonardtown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 78 St. Marys Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hollywood X
STREET ADDRESS (If rural give location) Rural

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Blain (Last) Sommerville

4. DATE OF DEATH: (Month) 8 (Day) 2 (Year) 1955

5. SEX: male

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Dec. 31, 1884

9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Mln.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farming

10B. KIND OF BUSINESS OR INDUSTRY: Farm tenant

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Sommerville

14. MOTHER'S MAIDEN NAME: Alice Neal

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) -----

16. SOCIAL SECURITY NO. ---------

17. INFORMANT & ADDRESS: Bertina S. Stevens - Hollywood, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

610X

IMMEDIATE CAUSE (A) Uremia — INTERVAL BETWEEN ONSET AND DEATH: several days.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Hypertrophic Prostate — several years

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/18, 1944, to 8/2, 1955, that I last saw the deceased alive on Aug. 2, 1955, and that death occurred at 4 P. M, from the causes and on the date stated above.

SIGNATURE Robert V. Fuchs M. D. ADDRESS Leonardtown, Md DATE SIGNED 8/4/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 8/5/55 | NAME OF CEMETERY OR CREMATORY St. Johns Cemetery | LOCATION (City, town, or county) (State) Hollywood, Maryland

DATE REC'D BY LOCAL REGISTRAR 8-4-55 | REGISTRAR'S SIGNATURE Clara L. Hawes /s

24. FUNERAL DIRECTOR ADDRESS P.B.Robinson - Leonardtown, Maryland.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

8967

08070
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 281

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information fully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY St Marys — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hollywood Rural — LENGTH OF STAY (in this place) 25 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St Marys
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Holly Wood
STREET ADDRESS (If rural, give location) R. F. D

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print)	4. DATE OF DEATH (Month) (Day) (Year)
Virginia American Weeks	Aug 26 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Married	Feb 4 1884	71 yrs.	8	23		

10a. USUAL OCCUPATION (Give kind of work done during most of work life; even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
House wife		Baltimore Md	U. S. A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Lesley Combs	Maggie Holmes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
		Melvin Weeks Hollywood Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause 420.1	(a) Coronary accident	Immediate
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Coronary sclerosis	5 yrs.
	DUE TO (c) Generalized arteriosclerosis	5 yrs
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Diabetes mellitus	20 yrs

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☑
None		

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
A.M.		

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE O. J. Bean M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☑
DATE SIGNED 8/26/55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Buried	8/29/1955	Joy Chapel	Holly Wood Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug 26/55	O. J. Bean M.D. Local Registrar	Jos C. Mattingly	Leonardtown Md.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08071

8063

CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH:
COUNTY St Mary's MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) USNAS, Patuxent River
LENGTH OF STAY (in this place) --
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 Station Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St Mary's
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Patuxent River Rayville 56x-3
STREET ADDRESS (If rural give location) Naval Air Station 810 Ray Street (see birth cert)

3. NAME OF DECEASED: (Type or Print) (First) Louis (Middle) (None) (Last) WIGGINS

4. DATE OF DEATH: (Month) 8 (Day) 7 (Year) 19 55

5. SEX: M

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: 8-7-55

9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 48 Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ----

10B. KIND OF BUSINESS OR INDUSTRY: ----

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Nolan WIGGINS

14. MOTHER'S MAIDEN NAME: Johanna Sandra TORRE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. ----

17. INFORMANT & ADDRESS: Father-788 B., MEMQ, Patuxent River, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

770.5 IMMEDIATE CAUSE (A) Erythroblastosis, Fetal, with immaturity — INTERVAL BETWEEN ONSET AND DEATH: 46 minute

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-7 , 1955, to 8-7- , 1955, that I last saw the deceased alive on 8-7- 1955, and that death occurred at 1037A M, from the causes and on the date stated above.

SIGNATURE R.J. IRONS, LTJG MC USNR ADDRESS Station Hospital, USNAS, Patuxent River, Md. DATE SIGNED 8/8/55

M. D.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 8-9-55 | NAME OF CEMETERY OR CREMATORY Holy Face Cemetary | LOCATION (City, town, or county) (State) Great Mills, Maryland

DATE REC'D BY LOCAL REGISTRAR Aug 8/55 | REGISTRAR'S SIGNATURE [signature] Local Registrar

24. FUNERAL DIRECTOR ADDRESS Nolan WIGGINS PATUXENT RIVER, MD.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

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